



10/656852
ifw

Dear Examiner
Alvin Chin Shue

Dear Alvin

Hope this application does the trick.

Thank you for your patience in this matter .

I am sending my birth certifiacate with the application as
proof of my birth . I am certinally getting old .

PS Thanks again for your patience.

Sincerely yours
Glenn W Fletchall

BOARD OF HEALTH OF MISSOURI
Division of Vital Statistics

DELAYED OR SPECIAL
CERTIFICATE OF BIRTH

No. 1886

Birth of Allen Herbert Fletcher

Date of birth Dec
(Month) (Year)

Sex White male Birthplace Grant City
(City or Town)

Worth Missouri
(County)

Full name Herbert Earl Fletcher

Birthplace Missouri
(State or County)

Mother's name Matilda Evaline Sowards

Birthplace Missouri
(State or County)

AFFIDAVIT: I hereby declare upon oath that the above statements are true. (To be signed by registrant, if possible)

Signature Allen Herbert Fletcher Relationship to registrant Self

Address Grant City, Missouri

Subscribed and sworn to before me on May 1948

Notary Public Geo. B. Allen

For State of Mo.

County of Worth

Do Not Write Below This Line

ABSTRACT OF SUPPORTING EVIDENCE

Do Not Write Below This Line

NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND SIGNED, AND DATE OF ISSUE)

Date of birth of child as recorded on this record

Baptismal Record, 1948, by Rev. J. H. Smith, Pastor, Grant City, Mo., Nov. 8-1948
Supporting aff. by Mother, Matilda E. Fletcher, Grant City, Mo., May 9-1948

INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT

BIRTH DATE OR AGE	BIRTHPLACE	NAME OF FATHER	FULL NAME OF MOTHER
<u>Dec 29, 1926</u>	<u>Grant City, Mo.</u>	<u>Herbert E. Fletcher</u>	<u>Matilda Evaline Sowards</u>
<u>Dec 29, 1926</u>	<u>Grant City, Mo.</u>	<u>Herbert E. Fletcher</u>	<u>Matilda Evaline Sowards</u>
<u>Dec 29, 1926</u>	<u>Grant City, Mo.</u>	<u>Herbert E. Fletcher</u>	<u>Matilda Evaline Sowards</u>

Additional information:

STATEMENT OF REVIEWING OFFICIAL

I hereby certify that I have reviewed the evidence recorded above and that the information contained therein is as true as the preceding abstract.

Signature of Reviewing Official

Charles L. Shatt

Date filed in State Board of Health

JUN 21 1948



STATE OF MISSOURI
CITY OF JEFFERSON

I HEREBY CERTIFY that the above is a true and correct copy of the original as recorded in the Central Bureau of Vital Statistics of the State of Missouri.

WITNESS my hand and seal of office this 22nd day of June, 1948.

JUN 22 1948

Charles L. Shatt
State Board of Health

John J. Jones
State Board of Health